SEPTEMBER 1985

ATTACHMENT 4.18-A

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OMB WO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

T	ype of Charge		
Deduct.	Coins.	Copay.	Amount and Basis for Determinati
] .		
		• •	
		;.	
	h (5) and (7)	h (5) and (7) of the Act: Type of Charge	Type of Charge

TN No. 85-7 Supersedes TN No.

Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 0053C/0061E

)

Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

NOT Applicable

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: GUAM				
В.	The method used to collect cost sharing charges for categorically needy individuals:				
	Providers are responsible for collecting the cost sharing charges from individuals.				
	The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.				
C. The basis for determining whether an individual is unable to pay charge, and the means by which such an individual is identified to providers, is described below:					

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	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State: GUAM
The shar	procedures for implementing and enforcing the exclusions from cost- ring contained in 42 CFR 447.53(b) are described below:
Cumu	lative maximums on charges:
乙	State policy does not provide for cumulative maximums.
乙	Cumulative maximums have been established as described below:

	·	
TN No85-7		
Supersedes	Approval Date 3-7-8 6	Effective /-/-86
	Date	

HCFA ID: 0053C/0061E